

Application or Docket Number

10/756188

APPLICATION AS FILED - PART I

(Column 2)

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BIG FEE OFR 1.16(e), (f), or (g))		
ARCH FEE OFR 1.16(k), (l), or (m))		
MINIATURE FEE OFR 1.16(o), (p), or (q))		
ADDITIONAL CLAIMS OFR 1.16(i))	minus 20 =	
DEPENDENT CLAIMS OFR 1.16(h))	minus 8 =	
APPLICATION SIZE FR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))		

difference in column 1 is less than zero, enter "0" in column 2.

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

APPLICATION AS AMENDED - PART II

(Column 2)

(Column 3)

CLAIMS REMAINING AFTER AMENDMENT			(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total OFR 1.16(a)	18	Minus	20	= 2
dependent OFR 1.16(b)	3	Minus	3	= 0
Application Size Fee (37 OFR 1.16(e))				
BY PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(f)) -				

PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

• • • • •

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	ADDITIONAL FEE (\$)
X 25 =	}
X 100 =	
180	
TOTAL ADD'L FEE	

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	}
x 200 =	
360	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 's)

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total 1.16(0)	Minus		=
Amount 1.16(0)	Minus		=

ation Size Fee (37 OFR 1.16(s))

Presentation of Multiple Dependent Claim (37 OFR 1.16(0)).

PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))

RATE (\$)	ADDITIONAL FEE (\$)
K	n
	n
TOTAL	
ADDITIONAL FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X	=
OR	X	=
OR		
OR	TOTAL	
	ADD'L FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the entry in column 1 is greater than the entry in column 2, write "1" in column 3.

Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20".

Best Number Previously Paid For: IN THIS SPACE If best number is 2 or fewer, enter "2" or less; if best number is 3 or more, enter "3" or more.

If information is required by 37 CFR 1.16, the information is required in column 1.

Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

ing, preparing, and submitting the completed application form to the USPTO. Time will vary.

Office of the Director of the United States Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20590

Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT send information to the Department of Commerce if it is not requested by the Department of Commerce. If you have any questions, please call 1-800-451-7237.

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